

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90009 031 ***150.00

DOCUMENT # J52218

1. Entity Name
THE LORD'S PROVISION, INC.

| | |
|--|---|
| Principal Place of Business 828 BAYRIDGE LANE PORT ORANGE FL 32127 | Mailing Address 828 BAYRIDGE LANE PORT ORANGE FL 32117-1794 |
|--|---|

912620



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 1646 STATE AVENUE Suite, Apt. #, etc. | 3. Mailing Address 1646 STATE AVENUE Suite, Apt. #, etc. |
|--|--|

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|-----------------------------------|-----------------------------------|-----------------------------|-------------------------------|
| City & State DAYTONA BEACH, FL | City & State DAYTONA BEACH, FL | 4. FEI Number 59-2849289 | Applied For Not Applicable |
| Zip 32117-1794 | Country USA | Zip 32117-1794 | Country USA |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent
MESSINA, TAMARA G
828 BAYRIDGE LANE
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$160.00
Alter MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MESSINA, CARL M. 828 BAYRIDGE LANE PORT ORANGE FL 32127 <i>1646 STATE AVENUE DAYTONA BEACH, FL 32117</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MESSINA, TAMARA G 828 BAYRIDGE LANE PORT ORANGE FL 32127 <i>1646 STATE AVENUE DAYTONA BEACH, FL 32117</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tamara Messina* **Tamara Messina** 1-27-00 904-671-1058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)